

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

15CV2034

JOHN R. RIVERA
895-15-00005 DORM
4 UPPER

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

-against-

E.M.T.C MEDICAL DEPT.
DEPARTMENT OF CORREC.
CITY OF NEW YORK
THE OFFICERS OF 7 to 3
TOUR OF DORM 4 UPPER
AND OF THE MAIN CLINIC
WHICH IS THE OLD CLINICJury Trial: ☒ Yes ☐ No
(check one)2015 MAR 13 P 2:58
RECEIVED
NY PRO SE OFFICE

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

JOHN R. RIVERA

ID #

895-15-00005

Current Institution

E.M.T.C - C-76

Address

10-10 HAZEN ST, DORM 4 UPPER
EAST ELMHURST, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name CITY OF NEW YORK Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 2

Name E.M.T. C C-76 Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3

Name MEDICAL DEPARTMENT Shield # _____
 Where Currently Employed OF C-76
 Address 10-10 HAZEN ST.
EAST ELMHURST, N.Y. 11370

Defendant No. 4

Name THE OFFICERS OF 7103 TOUR Shield # _____
 Where Currently Employed OF 4UPPER, DIAZ & BANKS.
 Address _____

Defendant No. 5

Name THE OFFICER OF THE Shield # _____
 Where Currently Employed OLD CLINIC OF C-76
 Address 10-10 HAZEN ST.
EAST ELMHURST, N.Y. 11370

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? E.M.T. C C-76
10-10 HAZEN ST. EAST ELMHURST, N.Y.

B. Where in the institution did the events giving rise to your claim(s) occur? DORM 4UPPER
31 BED I STARTED GETTING STOMACH PAINS.

C. What date and approximate time did the events giving rise to your claim(s) occur? 2-2-15
At 12:30pm in the Afternoon

D. Facts: I EAT the LUNCH that was being given out which was ELBOW MACARONI with meat sauce and then I got Real Sick from my stomach, in which I have ulcers, that might be bleed. I then went to the C.O. A post to tell him I didn't feel good, that I needed to go to the clinic really fast, because I was in a lot of pain.

Officer DIAZ who was on tour 7 to 3 call the main clinic which is the old clinic and said to the other officer on the line, STRESSED the fact that I was in a lot of stomach pain, which at that time stated to me that the officer from the old clinic said for me to go to the old clinic sick call at 1:30 pm, then I stood down there for over 6 hours, then I got up from the bench and went to the officer at the desk, asked what is taking so long, the was VERY DISRESPECTFUL.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I have ulcers and internal bleeding from the ulcers. I'm losing iron and the medical department has fail to attend to my medical needs I have been to sick call many of times and they told me that I was going to be going out to a hospital to get check and they had fail to even do that.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Riker Island Facility Eric M. Taylor Center (C-76)

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Eric M. Taylor Center (C-76)

1. Which claim(s) in this complaint did you grieve? Medical Department
at the Eric M. Taylor Center (C-76)

2. What was the result, if any? nothing was done about the
situation yet.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. well nothing was done yet

due to the fact that I'm still waiting for them
to call me about the situation.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

Attachment B

Form #7101R Eff. 09/10/12 Ref. Dir. #3375--page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
JOHN RIVERA	895-15-0005	027885612	
Facility:	Housing Area:	Date of Incident:	Date Submitted:
E.M.T.C	4UPPER	2-2-15	2-3-15

All grievances and requests must be submitted to the Inmate Grievance and Request Program (IGRP) staff in person or by mail. An incident must occur under a specific condition or circumstance. The inmate filing the grievance or request must personally prepare this statement upon collection by Inmate Grievance and Request Program (IGRP) staff. IGRP staff will stamp and issue a grievance/request receipt number. IGRP staff shall provide the inmate with a copy of this form as proof of receipt within two business days of receiving it.

Request or Grievance:

ON 2-2-15 I, J. RIVERA AND THEY HAD ASKED OFFICER DIAZ OF ME WAITING MORE TO 3 FOUR TO CALL THE THAN 5 HOURS MAIN CLINIC BECAUSE I WAS NOT FEELING SO FOR MEDICAL GOOD, I WAS RECEIVING ATTENTION. I HAD LOTS OF PAIN IN MY STOMACH, FROM MY ULCERS TO CALL MY FAMILY SO THEY COULD CALL

Action Requested by Inmate:

I WOULD LIKE THIS THE FACILITY MATTER TO BE LOOK INTO E. RECTIFIDE, SO KNOW MORE PROBLEMS LIKE THIS TAKE PLACE

Please read below and check the correct box:

- Do you agree to have your statement edited for clarification by IGRP staff?
Do you need the IGRP staff to write the grievance or request for you?
Have you filed this grievance or request with a court or other agency?
Did you require the assistance of an interpreter?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature:

Date of Signature:

For IGRP Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Collected	Grievance and Request Reference #:	Category:
IGRP Staff Signature		

THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION
Eric M. Taylor Center
10-10 Hazen Street
East Elmhurst, New York 11370

INMATE VOLUNTARY STATEMENT

Inmate's Name: JOHNNY RIVERA Date: 2-2-15
Book & Case #: 895-15-00005
Date of Birth: 4-3-66 Age: 48 Housing Area: 4UPPER

I hereby acknowledge that the following written statement issued was made VOLUNTARILY of my own free will without promise of reward, or under any threat of physical harm or fear of such

AFTER LUCH I J. RIVERA 895-15-00005 WAS RECEIVING VERY BAD STOMACH PAIN FROM MY ULCER WERE REALLY HURTING ME AT THE TIME, IT WAS AROUND 12:05 PM. THEN I WENT TO TELL THE A-OFFICER DIAZ TO CALL THE CLINIC, BECAUSE I NEEDED MEDICAL ATTENTION, I MADE IT TO THE CLINIC AT 1:00 PM, AND WASN'T SEEN BY ANY DOCTOR, SO I RETURN TO MY HOUSING AREA, BECAUSE I WANTED TO LET MY PEOPLE KNOW ON THE PHONE THAT I WAS BEING NEGLECTED BY THE MEDICAL DEPARTMENT AT C-76 E.M.T.C.

INMATES SIGNATURE J. Rivera DATE 2-2-15
WITNESSED BY: Carver [Signature] C.O. 15102
Print Name Signature Rank Shield

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of FEB, 2015

Signature of Plaintiff

John Rivera

Inmate Number

895-15-00005

Institution Address

Eric M. Taylor Center
10-10 Hazen Street
East Elmhurst, New York
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12 day of FEB., 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

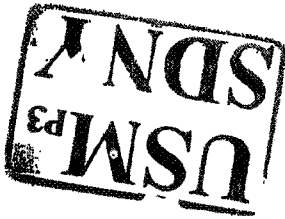
Signature of Plaintiff:

John Rivera

JOHNNY RIVERA #895-15-0005 4UP.
E.M.T.C 10-10 HAZEN STREET
EAST ELMHURST, N.Y. 11370



3/13/15
JVR



TO: UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
DANIEL PATRICK MOYNIHAN UNITED
STATES COURTHOUSE 500 PEARL
STREET, ROOM 230 NEW YORK, N.Y. 10007



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